



<b>IN THE PAST 3 YEARS, HAVE YOU</b>			Yes	No
27	Been outside the United States or Canada? • If YES have you ever lived in another country for 5 years or longer? <input type="checkbox"/> NA		<input type="checkbox"/>	<input type="checkbox"/>
<b>FROM 1980 THROUGH 1996</b> (Review list of countries in the UK)			Yes	No
28	Did you spend time that adds up to three (3) months or more in the United Kingdom?		<input type="checkbox"/>	<input type="checkbox"/>
29	Were you a member of the U.S. military, a civilian military employee, or a dependent of a member of the U.S. military?		<input type="checkbox"/>	<input type="checkbox"/>
<b>FROM 1980 TO THE PRESENT, DID YOU</b> (Review list of countries in Europe)			Yes	No
30	Spend time that adds up to five (5) years or more in Europe?		<input type="checkbox"/>	<input type="checkbox"/>
31	Receive a blood transfusion in the United Kingdom or France? (Review country lists)		<input type="checkbox"/>	<input type="checkbox"/>
<b>Female donors:</b>				
32	<input type="checkbox"/> I have <b>NEVER</b> been pregnant	<input type="checkbox"/> I <b>WAS</b> pregnant in the past. Most Recent Date: _____ (includes all pregnancies, even if not a live birth)	<input type="checkbox"/> I <b>AM</b> currently pregnant	<input type="checkbox"/> NA Male
<b>HAVE YOU EVER</b>			Yes	No
33	Had a positive test for the HIV/AIDS virus?		<input type="checkbox"/>	<input type="checkbox"/>
34	Used needles to take drugs, steroids, or anything not prescribed by your doctor?		<input type="checkbox"/>	<input type="checkbox"/>
35	Received money, drugs, or other payment for sex?		<input type="checkbox"/>	<input type="checkbox"/>
36	Had malaria?		<input type="checkbox"/>	<input type="checkbox"/>
38	Had babesiosis?		<input type="checkbox"/>	<input type="checkbox"/>
39	Received a dura mater (or brain covering) graft or xenotransplantation (non-human animal organ or tissue transplant – not graft) product?		<input type="checkbox"/>	<input type="checkbox"/>
40	Had any type of cancer, including leukemia?		<input type="checkbox"/>	<input type="checkbox"/>
41	Had problems with your heart or lungs?		<input type="checkbox"/>	<input type="checkbox"/>
42	Had a bleeding condition or a blood disease?		<input type="checkbox"/>	<input type="checkbox"/>
43	Have any of your relatives had Creutzfeldt-Jakob disease?		<input type="checkbox"/>	<input type="checkbox"/>

I have volunteered to be a whole blood donor. I understand that there is a limit to the number and types of components that I can donate each year.

The hazards of the procedure include the following: 1) Complications such as a hematoma (bruise), localized infection at the venipuncture site, nerve or tendon injury, thrombophlebitis, or delayed and/or excessive bleeding from the needle site; 2) Vasovagal symptoms including severe sweating, nausea, vomiting, light headedness, fainting, or seizures. These symptoms may vary from mild to life threatening.

I agree not to donate if I feel that my lifestyle puts me at risk for being exposed to or contracting infectious hepatitis and/or the AIDS virus. I understand that I may call back after my donation if I feel that I need to notify someone that I may be in a high risk group.

I have received complete information regarding research protocols associated with any investigational testing that may currently be required by the FDA. I agree that my blood may be used in the research protocol presented to me. I understand that waste blood may be used for research projects.

I have had an opportunity to ask questions about this procedure. I understand the blood donation process, and the risks of the procedure. I have had a chance to refuse to donate. I certify that I have answered all questions truthfully regarding my travel history, present and prior illnesses, symptoms and physical conditions. I voluntarily donate my blood to Garth Englund Blood Center (part of UCHealth) to use at its discretion.

\_\_\_\_\_  
Donor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

**For office staff only:**


**If EIDorado Donor IN USE – following section not required**

**If EIDorado Donor NOT in use- complete the following:**

Blood Pressure/ Equipment ID	Pulse/ Equipment ID	Temperature/ Equipment ID	Hematocrit/ Equipment ID	Tech	Arm Check
Scale ID	Bag Lot	Start Time	Elapsed Time	DIN	
Donor Acceptable for Donation Yes No		Evaluated and Drawn by			
Mobile Site	Donor Group Mnemonic		Received in EDD by		